


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90088 017 \*\*\*\*61.25

**DOCUMENT # 769253**

1. Entity Name  
**THE SOUTHWEST FLORIDA CHAPTER, THE MILITARY ORDE  
R OF THE WORLD WARS, INC.**



Principal Place of Business  
**603 SW 52ND ST  
CAPE CORAL FL 33914  
US**

Mailing Address  
**603 SW 52ND ST  
CAPE CORAL FL 33914  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
**5531 BURNHAM CT**  
City & State  
**N. FT MYERS, FL**  
Zip  
**33904** Country  
**USA**

3. Mailing Address  
Suite, Apt. #, etc.  
**3625 SE 17<sup>th</sup> PL**  
City & State  
**CAPE CORAL, FL**  
Zip  
**33904-5070** Country  
**USA**

CHECK HERE IF MAKING CHANGES

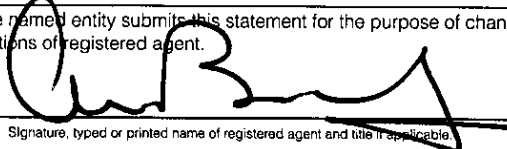
6. Name and Address of Current Registered Agent  
**MEDFORD, EDWARD E  
603 SW 52ND ST  
CAPE CORAL FL 33914**

4. FEI Number **59-1891009**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
**AULEN BROWN, JR.**  
Street Address (P.O. Box Number is Not Applicable)  
**3625 SE 17<sup>th</sup> PLACE**  
City  
**CAPE CORAL** FL Zip Code  
**33904-5070**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)

DATE: **1/13/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MEDFORD, EDWARD E 603 SW 52ND ST CAPE CORAL FL 33914</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KING, DANIEL LTC 5531 BURNHAM CT MORTH FT MYERS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OSBORNE, MARY A MAJOR 238 SE 44 TERR CAPE CORAL FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FREELOVE, ELSIE 3813 SE 7 AVE CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NORTH FT MYERS, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Aulen Brown, Jr.** 1/13/03 239-549-6007

CR2E037 (10/02)